



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AF ZW

Applicant: Fereidoon Heydari and Hakan Ozdemir
Title: DATA CODE AND METHOD FOR CODING DATA
Serial No.: 09/994,009
Filing Date: November 5, 2001
Examiner/Unit: Glenda P. Rodriguez/2651
Attorney Docket No.: 01-S-023 (1678-39)

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this communication, and any document being attached hereto,

☒ is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on this 6th day of December, 2005.

Signature

TRANSMITTAL LETTER

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

_____ The fee has been calculated as shown below:

X No additional claim fee is required.

**Computation of Fee
For Claims as Amended**

	<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>		<u>Present Extra</u>	<u>Rate</u>	<u>Addl. Fee</u>
Total Claims	33	Minus	33	=	0 x	\$50/\$25 =	\$
Independent Claims	12	Minus	12	=	0 x	\$200/\$100 =	\$
Total additional fee for this amendment							\$

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

_____ Check No. _____ in the amount of _____ for the additional claim fee is enclosed.

_____ Charge \$ _____ to Deposit Account No. _____. A copy of this sheet is enclosed.

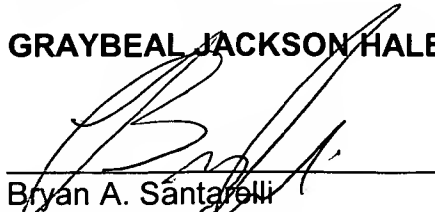
XX A Request for Extension of Time for one month with Check No. 25033 for \$120 is enclosed.

X Please charge any deficiency fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully Submitted,

GRAYBEAL JACKSON HALEY LLP

Dated: December 6, 2005


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